

SERFF Tracking Number: ARKS-125617661 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #196685 \$50
Company Tracking Number: AR-CA-052208-BHHC-F1
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Commerical Auto
Project Name/Number: /

Filing at a Glance

Companies: 10855 - CYPRESS INSURANCE COMPANY, 20044 - CORNHUSKER CASUALTY COMPANY

Product Name: Commerical Auto

SERFF Tr Num: ARKS-125617661 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: #196685 \$50

Sub-TOI: 20.0002 Garage

Co Tr Num: AR-CA-052208-BHHC-F1
State Status: Fees verified and received

Filing Type: Form

Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author:

Disposition Date: 04/25/2008

Date Submitted: 04/21/2008

Disposition Status: Approved

Effective Date Requested (New): 05/22/2008

Effective Date (New): 05/22/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/25/2008

State Status Changed: 04/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

NA

(123) 555-4567 [Phone]

NA, AR 00000

SERFF Tracking Number: ARKS-125617661 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #196685 \$50
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Commerical Auto
Project Name/Number: /

Filing Company Information

10855 - CYPRESS INSURANCE COMPANY	CoCode: 10855	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

20044 - CORNHUSKER CASUALTY	CoCode: 20044	State of Domicile: Arkansas
COMPANY		
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

<i>SERFF Tracking Number:</i>	<i>ARKS-125617661</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>10855 - CYPRESS INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#196685 \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CA-052208-BHHC-F1</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Commerical Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/25/2008	04/25/2008

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Project Name/Number: /

Disposition

Disposition Date: 04/25/2008
Effective Date (New): 05/22/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: *ARKS-125617661* *State:* *Arkansas*
First Filing Company: *10855 - CYPRESS INSURANCE COMPANY, ...* *State Tracking Number:* *#196685 \$50*
Company Tracking Number: *AR-CA-052208-BHHC-F1*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0002 Garage*
Product Name: *Commerical Auto*
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125617661		Yes

<i>SERFF Tracking Number:</i>	<i>ARKS-125617661</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>10855 - CYPRESS INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#196685 \$50</i>
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<i>Product Name:</i>	<i>Commerical Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125617661 State: Arkansas
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Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125617661 04/25/2008
Comments:
Attachment:
ARKS-125617661.pdf



Berkshire Hathaway Homestate Companies

Redwood Fire and Casualty Insurance Company
Cornhusker Casualty Company
Brookwood Insurance Company

Continental Divide Insurance Company
Oak River Insurance Company
Cypress Insurance Company

April 18, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

CH#1966PS

\$50

ARHS-12567661

Subject: Cornhusker Casualty Company and Cypress Insurance Company
Form Filing
Commercial Auto Endorsement
NAIC #s: 031-20044, 031-10855
Company Filing #: AR-CA-052208-BHHC-F1
Effective Date: May 22, 2008

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an optional endorsement for Commercial Auto coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsement applies to policies effective on or after May 22, 2008."

If we do not receive approval by May 22, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsement in this filing is in regards to Commercial Auto coverage and is intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records. A corresponding rate filing will be sent under separate cover.

Sincerely,

Diane M. Pokorny
Regulatory Analyst
dpokorny@bh-hc.com

Approved until withdrawn
or revoked

APR 25 2008

Arkansas Insurance Department
By:

RECEIVED

APR 21 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

1. Reserved for Insurance
Dept. Use OnlyApproved until withdrawn
or revoked

APR 25 2008

Arkansas Insurance Department
By: *LR*

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name

Berkshire Hathaway Homestate Companies

Group NAIC

0031

4. Company Name(s)

Cornhusker Casualty Company

Cypress Insurance Company

Domicile

NE

CA

NAIC

20044

10855

FEIN

47-0529945

95-0042929

State

RECEIVED

APR 21 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5. Company Tracking Number

AR-CA-052208-BHHC-F1

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address

Diane Pokorny
9290 W. Dodge Road
Ste. 300
Omaha, NE 68114

Title

Regulatory
Analyst

Telephone #s

800-488-2930

FAX

402-393-7619

e-mail

dpokorny@bh-hc.com

7. Signature of authorized filer

Diane M. Pokorny

8. Please print name of authorized filer

Diane M. Pokorny

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)

20.0

10. Sub-Type of Insurance (Sub-TOI)

20.20002

11. State Specific Product code(s)(if applicable)[See State Specific Requirements]

12. Company Program Title (Marketing title)

Commercial Auto

13. Filing Type CA

☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules
☒ Forms ☐ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)

14. Effective Date(s) Requested

New: 05/22/2008

Renewal:

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing	4/18/2008	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-CA-052208-BHHC-F1
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Exclusion – Rebuilder Autos (CAM 6155 04 08)

The above form is optional and modifies insurance provided by the Garage Coverage Form. The form excludes coverage for any rebuilder; or any auto that was not available for sale to the public at the time the loss occurred.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: 0000196685 Amount: 50.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-CA-052208-BHHC-F1		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Exclusion - Rebuilder Autos	CAM 6155 04 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

EXPLANATORY MEMORANDUM
(AR-CA-052208-BHHC-F1)

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an optional endorsement for Commercial Auto coverages in Arkansas. This filing represents an independent program of the companies.

Effective Date

We hereby propose the following effective date rule:

“The endorsement applies to policies effective on or after May 22, 2008.”

If we do not receive approval by May 22, 2008, an amended effective date will be selected upon approval.

Exclusion – Rebuilder Autos (CAM 6155 04 08)

The above form is optional and modifies insurance provided by the Garage Coverage Form. The form excludes coverage for any rebuilder; or any auto that was not available for sale to the public at the time the loss occurred.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsement in this filing together with the approved ISO forms.

Person to Contact

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – REBUILDER AUTOS

This endorsement modifies coverage provided by the:

GARAGE COVERAGE FORM

The following excluded types of loss are added to SECTION IV - PHYSICAL DAMAGE COVERAGE, Part B.2, by amending the section and adding the following:

- g. Any "Rebuilder"; or
- h. Any "auto" that was not available for sale to the public at the time the "loss" occurred.

The following definitions are added to SECTION VI – Definitions by amending the sections and adding the following:

T. "Rebuilder" means a wrecked or non-operational "auto".